



Texas Department of Insurance

Division of Workers' Comp

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

ALLIED MEDICAL CENTERS
P O BOX 24809
HOUSTON TX 77029

Respondent Name

STATE OFFICE OF RISK MANAGEMENT

Carrier's Austin Representative Box

Box Number 45

MFDR Tracking Number

M4-12-0291-01

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Upon further review we have noted that the correct pre authorization number has been located in the appropriate box on the cms-1500 since it's initial faxing on 8/11/11."

Amount in Dispute: \$315.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The Office performed an in-depth review of the requestor's billing and found that the injured employee was injured on 6/17/2011. The treating doctor noted in his initial office visit on 6/23/2011 that he referred to injured employee for X-rays and physical medicine and rehabilitation x 6 sessions. It appears that the preauthorization was not requested until 7/25/2011 and approved on 7/29/2011 for physical therapy services. Unfortunately the date of service in dispute is prior to the preauthorization approval and is outside the 2 weeks from date of injury as stated in the aforementioned rules." "The Office reviewed the requestor's position statement which stated 'that the correct preauthorization name has been located in the appropriate box on the CMS-1500'. The name 'Andrea' as what is place in Box 23 is not an employee of the carrier nor does the carrier find this as being a valid preauthorization number as required pursuant to Rule §133.10."

Response Submitted by: State Office of Risk Management, P. O. Box 13777, Austin, Texas 78711

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
July 15, 2011	97110-GP, 97112-GP, 97140-GP, 97032	\$315.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for health care providers to pursue a medical fee dispute.
2. 28 Texas Administrative Code §134.600 sets out guidelines for preauthorization, concurrent review, and voluntary certification of health care.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated August 17, 2011

- 197 – PAYMENT DENIED/REDUCED FOR ABSENCE OF PRECERTIFICATION/PREAUTHORIZATION.
- 4 – THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED OR A REQUIRED MODIFIER IS MISSING.
- PER RULE 134.600 PHYSICALTHERAPY NOT RECEIVED WITHIN 2 WEEKS POST INJURY OR POST SURGERY STATUS; THEREFORE REQUIRES PREAUTHORIZATION. PHYSICAL THERAPY MODIFIER IS REQUIRED. (GP, GN, G0).

Explanation of benefits dated September 7, 2011

- 197 – PAYMENT DENIED/REDUCED FOR ABSENCE OF PRECERTIFICATION/PREAUTHORIZATION.
- 193 – ORIGINAL PAYMENT DECISION IS BEING MAINTAINED. THIS CLAIM WAS PROCESSED PROPERLY THE FIRST TIME.
- PER RULE 134.600 PHYSICALTHERAPY NOT RECEIVED WITHIN 2 WEEKS POST INJURY OR POST SURGERY STATUS; THEREFORE REQUIRES PREAUTHORIZATION.

Issues

1. Did the requestor obtain preauthorization approval prior to providing the health care in dispute in accordance with 28 Texas Administrative Code §134.600?
2. Is the requestor entitled to reimbursement?

Findings

1. Per Texas Labor Code, Section §413.011(b) “the insurance carrier is not liable for those specified treatment and services unless preauthorization is sought by the claimant or health care provider and either obtained from the insurance carrier or order by the commission.” 28 Texas Administrative Code, Section §134.600(c)(1)(B) states, “The carrier is liable for all reasonable and necessary medical costs relating to the health care required to treat a compensable injury...only when the following situations occur...preauthorization of any health care listed in subsection (p) of this section was approved prior to providing the health care.” 28 Texas Administrative Code, Section §134.600(p)(5) requires preauthorization of “physical and occupational therapy services.”
2. Review of the submitted documentation finds that the requestor did not submit documentation to support preauthorization approval was obtained prior to providing the services in dispute in accordance with 28 Texas Administrative Code, Section §134.600. Therefore, no reimbursement is recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____	_____	October 19, 2011
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision* together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.****

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.